

10537825

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-175)

SERIAL NO. 10/537825 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

92209 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1			
4	1		1			
5	2		2			
6	1		2		1	
7	1		1		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		2		2	
21	2		3		2	
22	1		2		2	
23	1		2		2	
24	1		2		2	
25					1	
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TOTAL IND.		2	2	2		
TOTAL DEP.		29	27	27		
TOTAL CLAIMS		31	29	29		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		2	2	2		
TOTAL DEP.		29	27	27		
TOTAL CLAIMS		31	29	29		